

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000126566

**Entity Name:** ALASKA'S KODIAK RESORT LLC

**Current Principal Place of Business:**

1491 CHESAPEAKE AVE  
A  
NAPLES, FL 34102

**Current Mailing Address:**

1491 CHESAPEAKE AVE  
A  
NAPLES, FL 34102

**FEI Number:** 02-0768390

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WALBURN, ALLEN B  
1491 CHESAPEAKE AVE  
A  
NAPLES, FL 34102 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name WALBURN, ALLEN B  
Address 1491 CHESAPEAKE AVE APT A  
City-State-Zip: NAPLES FL 34102

Title MGR  
Name JS HIVNOR TRUST  
Address 349 FORT CHARLES  
City-State-Zip: NAPLES FL 34102

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALLEN WALBURN

MMBR

01/13/2020

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date